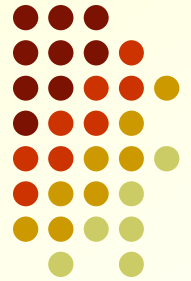


INSPECT Enrollment Guide



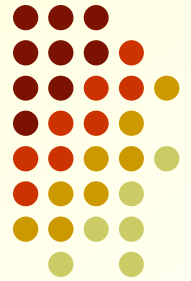
- ❖ Follow the steps in this training guide to enroll for the INSPECT Program.

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What do Physicians need to sign up for INSPECT?



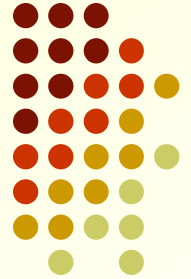
- A Practitioner DEA Number
- A Professional License Number
- Follow the next 5 easy steps.

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What do Law Enforcement Officers need to sign up for INSPECT?

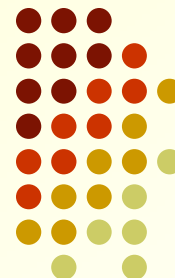


- A Badge Number
- A current investigation
- A Case ID
- Follow the next 5 easy steps.

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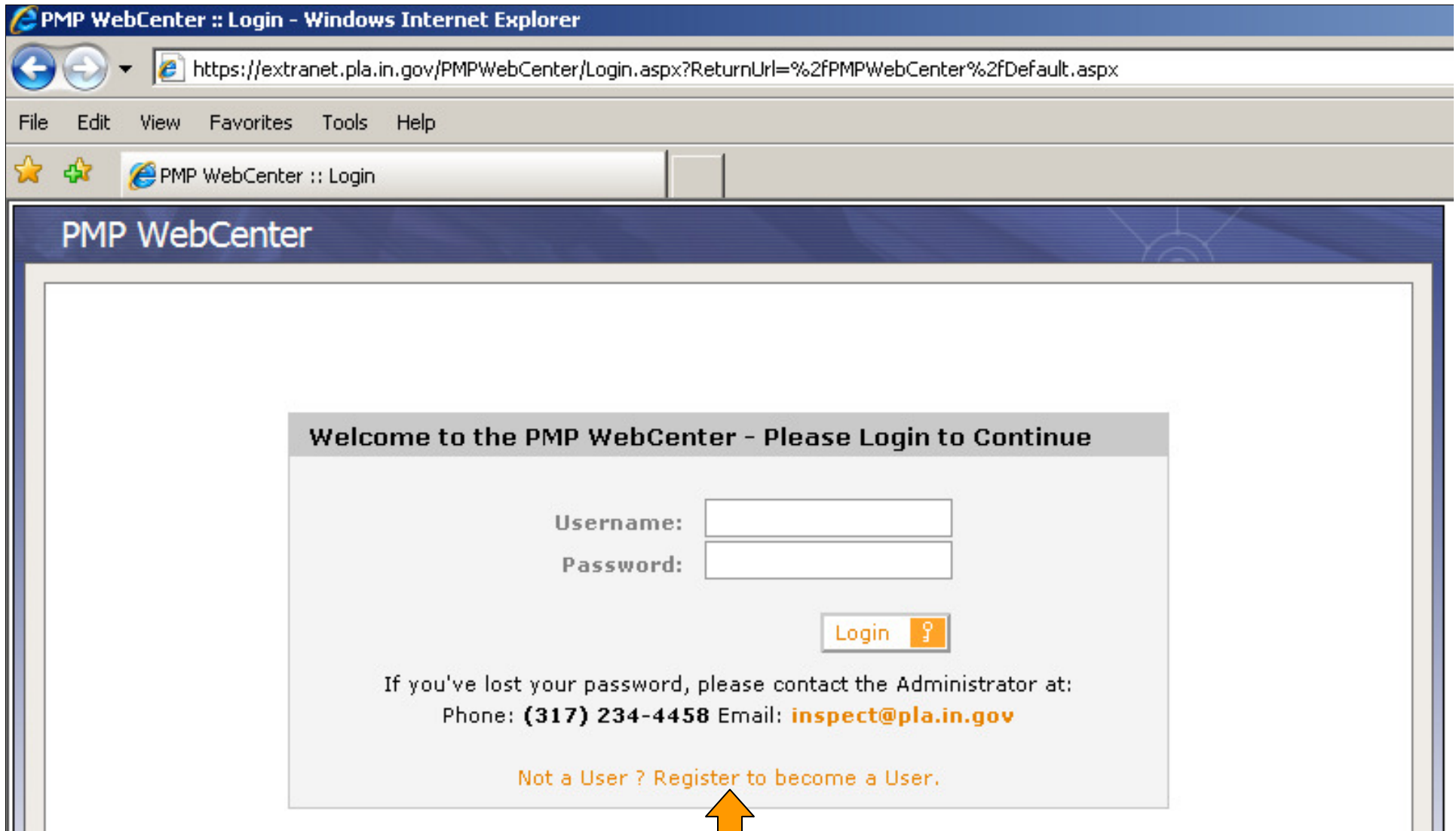




I will update this slide
when the webpage gets
completed.



1. Go to www.in.gov/inspect
2. Click on the link the says "PMP WebCenter"



3. Once at the login page, click the orange text underneath the login boxes that says: "Not a user? Register to become a user"

Result: This will launch the application page.

PMP Manager

Profile Information

Organization: Occupation:
First Name: Middle Name:
Last Name:
Date of Birth:
mm/dd/yyyy

User Job and Identification

User Job:
Practitioner DEA # :
Professional License # :

Contact Information

Address:
City, State, Zip: IN
Home Phone: Work Phone:
Cell Phone: Pager Number:
Fax Number:
Email Address:

Security Questions

Question 1:
Question 2:
Question 3:

Reason For Registration

4. Fill out the application, providing proper contact and identification information.

Physicians and pharmacists should select “Practitioner” as their user job, and provide a DEA number and professional license number.

Please provide an individual secure email address, it is against our security policy to email confidential information to a third party or office email.

Registration Form

Profile Information

Organization:	Hospital	Occupation:	Doctor
First Name:	Mark	Middle Name:	
Last Name:	Test	Date of Birth:	10/14/1957

User Job and Identification

User Job :	Practitioner
Practitioner DEA #	32132132132
Professional License #	321321321321

Contact Information

Address:	402 W. Washington		
City, State, Zip:	Indianapolis	IN	46204
Home Phone:	(317) 555-5555	Work Phone:	
Cell Phone:	(317) 555-5558	Pager Number:	
Fax Number:			
Email Address:	Dr.Test@Hospital.org		

Security Questions

Question 1:	What is the name of the City you born in?	Answer 1:	Omaha
Question 2:	What is your Mother's Maiden Name?	Answer 2:	Janet
Question 3:	What is your Pet's Name?	Answer 3:	Inspect

Reason For Registration

I certify that the information contained in this application is complete and accurate without evasion or misrepresentation. I understand that acceptance of this application is based on truth and accuracy of representation as contained in this application.

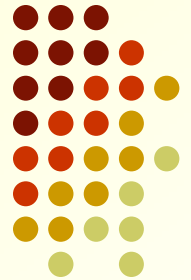
Signature: _____ Date: _____

5. Once you have submitted the application, the Registration Form page should appear. We no longer require that you sign and fax us this sheet, however you might want to keep it in your personal records as proof of registration.

Your login name and password will be sent to the email address you provide in your application, pending approval, within 2 business days.

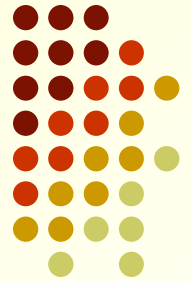
Questions? Call 317-234-4458

After signing up for INSPECT



- After completing the online registration, practitioners will be issued a User ID and Password **via email** and will be able to access the INSPECT system
- Practitioners can submit and view patient reports and alerts on suspects and / or dangerous / suspicious activities

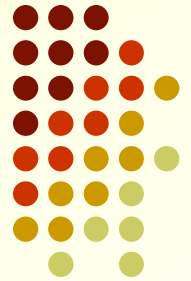
Policies for Users



- **General Use**

- All information provided only through web application – Internet access required.
- No information provided by phone, fax, or personal inquiry.
- No information provided without an account.
- Password updates only sent to email address associated with account.
- State employees may only access INSPECT information as it relates to solving technical system issues.

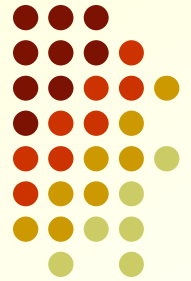
Policies for Users



- **Practitioners, or designee**
 - May only run reports on current patients, no one else.
 - May assign a delegate to run reports, however, the practitioner remains liable for all activities on their accounts – **no exceptions.**
 - May interact and discuss information with other practitioners ID'd in the INSPECT Report.
 - May not give or send the INSPECT Report to anyone else – especially the patient.
 - Are required to verify information in the INSPECT report before they assume patient guilt.
 - May open themselves to legal liability if they decide to interact with law enforcement when dealing with verified patient issues.
 - Should follow their corporate policy in dealing with patient issues.

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Policies for Users

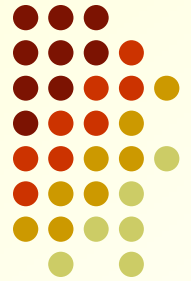


- **Law Enforcement**

- May only run reports on suspects in current cases, and must have a current case number.
- May NEVER run reports on anyone else – **NO INFORMATION FISHING EXPEDITIONS.**
- May not give, or send the INSPECT Report to anyone else – especially the patient.
- Are required to verify information in the INSPECT report before they assume suspect guilt.
- Should only use the INSPECT Report as a tool to build a case.
- Should not use the INSPECT report as evidence for court.

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Prescription Drug Monitoring Programs from other States



- Kentucky: <http://chfs.ky.gov/oig/KASPER.htm>
- Ohio: <http://www.ohiopmp.gov>
- Illinois: <https://www.ilpmp.org/>
- Michigan:
http://www.michigan.gov/mdch/0,1607,7-132-27417_27648---,00.html

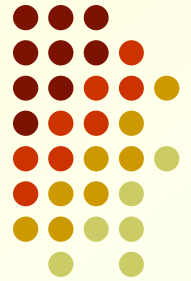
INSPECT Contact Information



- Website: <http://www.in.gov/INSPECT>
- INSPECT Login URL:
[**https://extranet.pla.in.gov/pmpwebcenter**](https://extranet.pla.in.gov/pmpwebcenter)
- Helpdesk E-mail: [**inspect@pla.in.gov**](mailto:inspect@pla.in.gov)
- Helpdesk Phone: **317-234-4458**

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End of User Training



Thank You

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